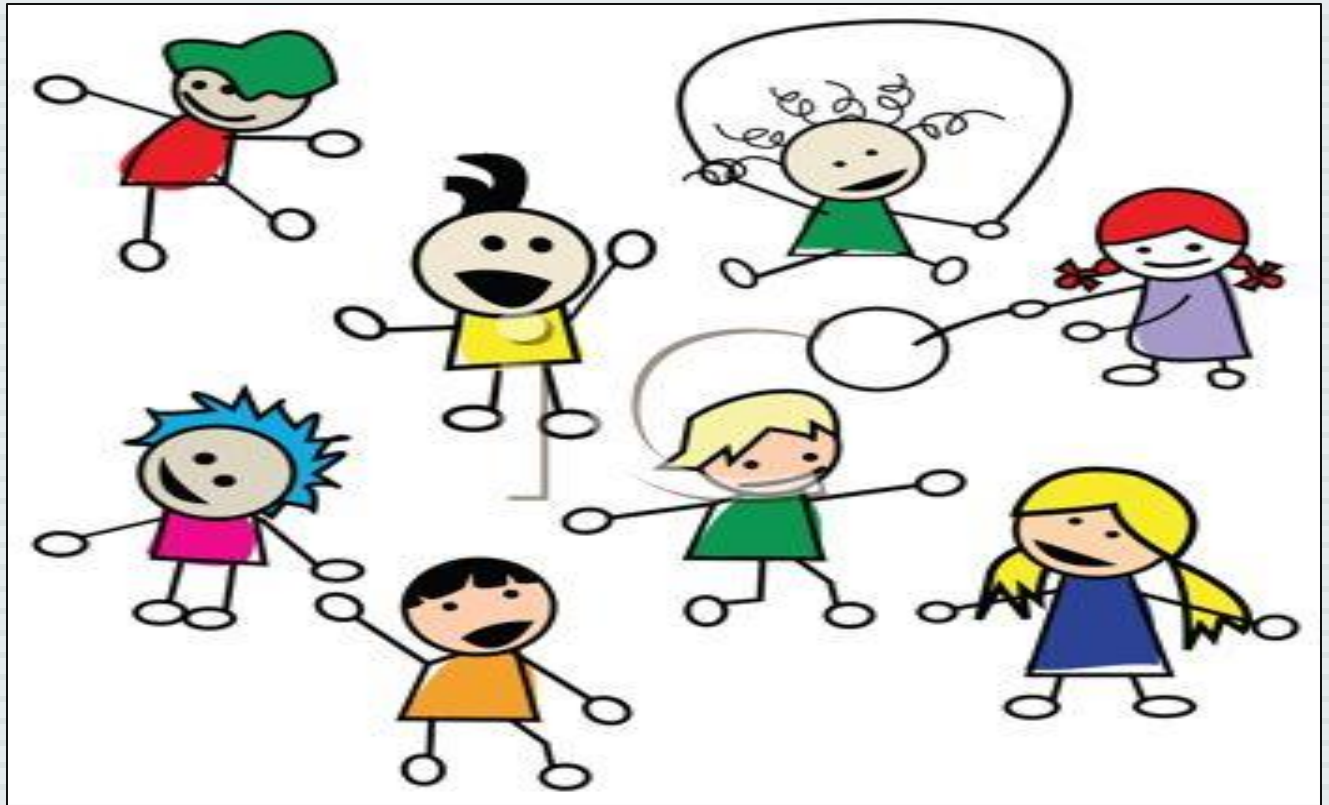


## CO-CHAIRS

**Charlie Biss**  
Director, DMH  
Child  
Adolescent &  
Family Unit

**Carol Maloney**  
Director of  
Systems  
Integration/AHS



# WELCOME!

**Thank you for joining the kick-off of the  
Community Based Prevention and Promotion Work Group**

22 May 2015

1:00 – 3:00 p.m.

# Agenda for Today's Meeting



1. Welcome and introductions
2. Work group objectives
3. Overview of where we are currently with IFS
4. The work of this group
5. Prioritization of goals
6. Additional discussion items
7. Next steps
  - a. Meeting frequency
  - b. Location
  - c. Modality

# Work Group Members

- **Charlie Biss** (Dept. of Mental Health, Child Adolescent and Family Unit) Co-Chair
- **Sue Bloomer** (Addison County Parent Child Center)
- **Diane Bugbee** (Dept. of Disabilities Aging and Independent Living)
- **Julie Cunningham** (Families First, Inc.)
- **Jill Evans** (Dept. of Corrections)
- **Sadie Fischesser** (AHS Field Services)
- **Karen Garbarino** (Dept. for Children & Families/Child Development Division)
- **Andrea Grimm** (Dept. for Children & Families/Family Services Division/Addison)
- **Breena Holmes** (Vt Dept. of Health, Maternal Child Health Director)
- **Danielle Lindley** (Northwest Counseling & Support Services)
- **Carol Maloney** (AHS Systems Integration) Co-Chair
- **Tracey Mongeon** (Dept. of Mental Health, Child Adolescent and Family Unit)
- **Deb Quackenbush** (Agency of Education)
- **Beth Sausville** (Dept. for Children & Families, Family Services Division/Bennington)
- **William Shakespeare** (Health Care Rehabilitation Services)
- **Judy Shaw** (UVM, Vt. Children's Health Improvement Program)
- **Greg Stefanski** (Laraway Youth & Family Services)

# Collaborative learning opportunity

- **Collaborative learning** is a situation in which two or more people learn or attempt to learn something together.
- "Collaborative learning is based on the idea that learning is a naturally social act in which the participants talk among themselves (Gerlach, 1994). It is through the talk that learning occurs."
- Through collaborative learning we will address the IFS goals under Community-Based Prevention and Promotion, and improve our professional efficacy related to improving population level outcomes

# Integrating Family Services



## Vision

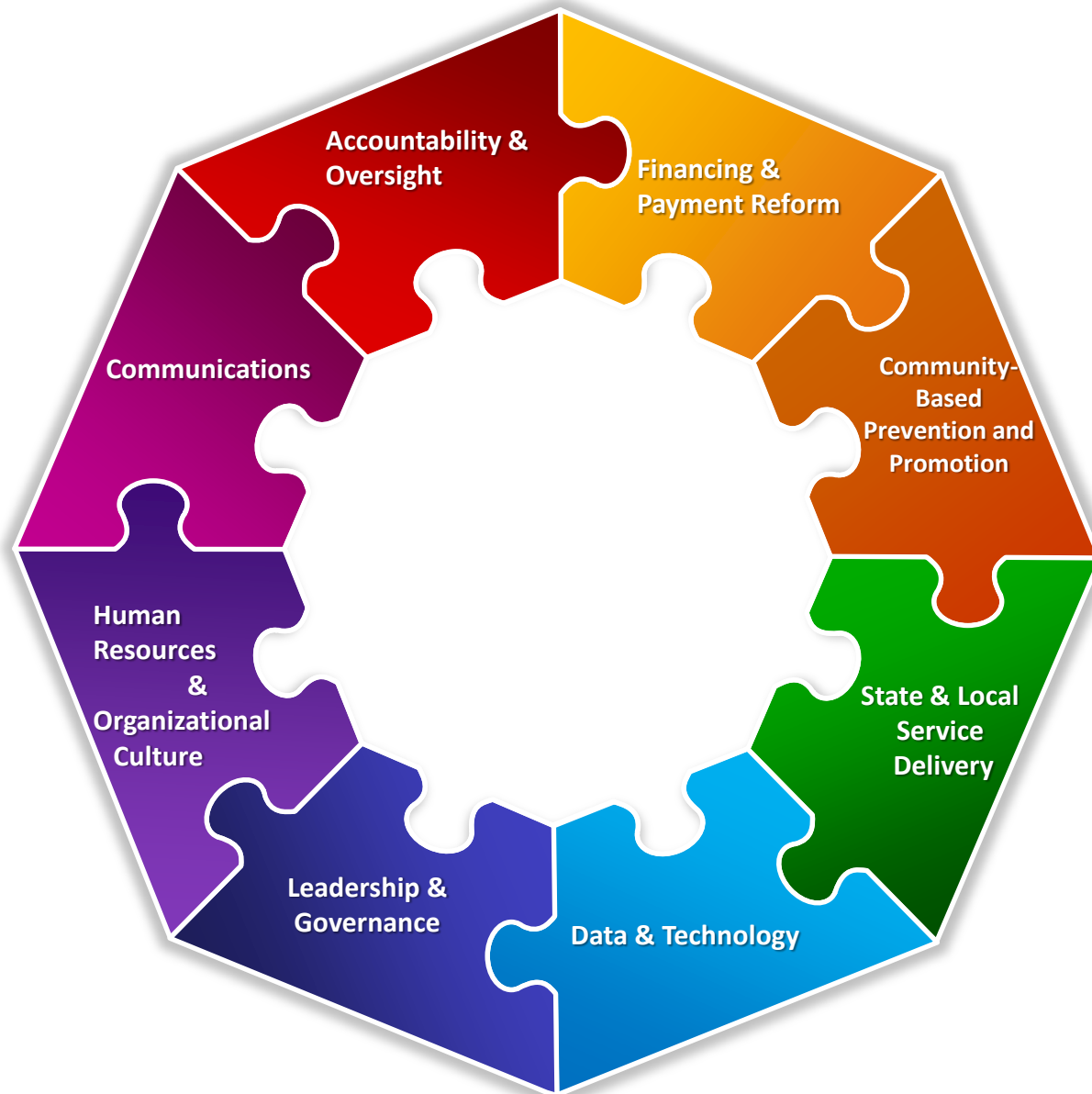
Vermonters work together to ensure all children, youth and families have the resources they need to reach their fullest potential.

## Mission

Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont's children, youth and families.

# AGENCY OF HUMAN SERVICES

## Integrating Family Services (IFS) Model





# The Guiding Principles of IFS

These guiding principles give life and form to Integrating Family Services' vision and mission.

1. **Promote the well-being of Vermont's children, youth and families.** Policies, services and service providers are sensitive and responsive to the unique aspects of each family.
2. **Build communities' capacity to provide a full range of resources in a flexible and timely way that is responsive to the needs of children and youth (prenatal through age 22) and families.**
3. **Focus on the individual and the family.** Understand the child's needs in the context of his/her family.
4. **Ensure that youth and families' voices inform processes, plans and policies.**
5. **Adopt the Strengthening Families approach.** Strengthening Families' five protective factors guide our work.
6. **Invest in a skilled, competent and valued workforce.** People working with children, youth and families need training, support and adequate compensation.
7. **Balance innovation with families' experiences, research and data to inform decisions about how to best use available resources and achieve positive outcomes.**
8. **Assure continuous quality improvement.** Data informs decisions and drives change at the state and local level.
9. **Promote a common language, shared decision-making and cross-disciplinary team work.**

# Where are we headed?

## Strategic Plan ~ FY2016-FY2020

<b>FY2016- FY2017</b>	<ul style="list-style-type: none"> <li>I. IFS' vision, goals and strategies are clearly communicated.</li> <li>II. Additional communities are supported in creating local governance agreements to prepare for IFS expansion.</li> <li>III. State and community partners utilize population indicators as a way to drive decision-making and identify gaps in services.</li> <li>IV. Integrating Family Services (IFS) grantees are held to common outcomes and performance measures.</li> <li>V. State and community partners, in collaboration with people who receive supports and services, work to create effective communications strategies and systems.</li> <li>VI. State and community partners develop a consistent and replicable financing model that connects health, human services and education systems.</li> <li>VII. State and community partners report increased administrative efficiencies and flexible and coordinated service delivery.</li> </ul>
<b>FY2018-2019</b>	<ul style="list-style-type: none"> <li>I. State and community partners show improved outcomes for Vermont's children and families.</li> <li>II. Community partners work collaboratively and effectively to use funds flexibly to meet the identified needs of children, youth and families.</li> <li>III. Planning at the state and regional level is driven by a holistic and collaborative perspective of Vermont's children, youth and families service delivery system and community supports.</li> <li>IV. Policies cut across AHS department lines in ways that promote seamless service delivery to children, youth and families that build on strengths in each community.</li> </ul>
<b>FY2020</b>	<ul style="list-style-type: none"> <li>I. All AHS regions have implemented the IFS approach.</li> <li>II. Families understand and can easily access supports and services they need regardless of geography, income or type</li> <li>III. of need.</li> <li>IV. Policymakers and service providers use data to drive policy decisions and reallocate resources to most effectively meet the needs of Vermonters.</li> </ul>

# Key Components of the Eight Elements



## Accountability and Oversight

- Measuring, Monitoring and Improving Performance



## Data and Technology

- Shared reporting capacity
- Integrated care coordination system



## Financing and Payment Reform

- Statewide consistency regarding what is included in bundled payments
- Formula-based allocation of funds to grantees



## Leadership and Governance

- Documented governance and leadership structures at the local and state level that create clear decision-making authority and process



## Community-Based Prevention and Promotion

- Practice is evidence-informed and outcome-driven
- Community development focuses on promoting a safe and caring environment to encourage healthy child, youth and family development



## Human Resources and Organizational Structure

- Professional development is offered at the state and local level including Results-Based Accountability
- Unifying values, approaches and communication for state and local teams that drive effective teamwork



## State and Local Service Delivery

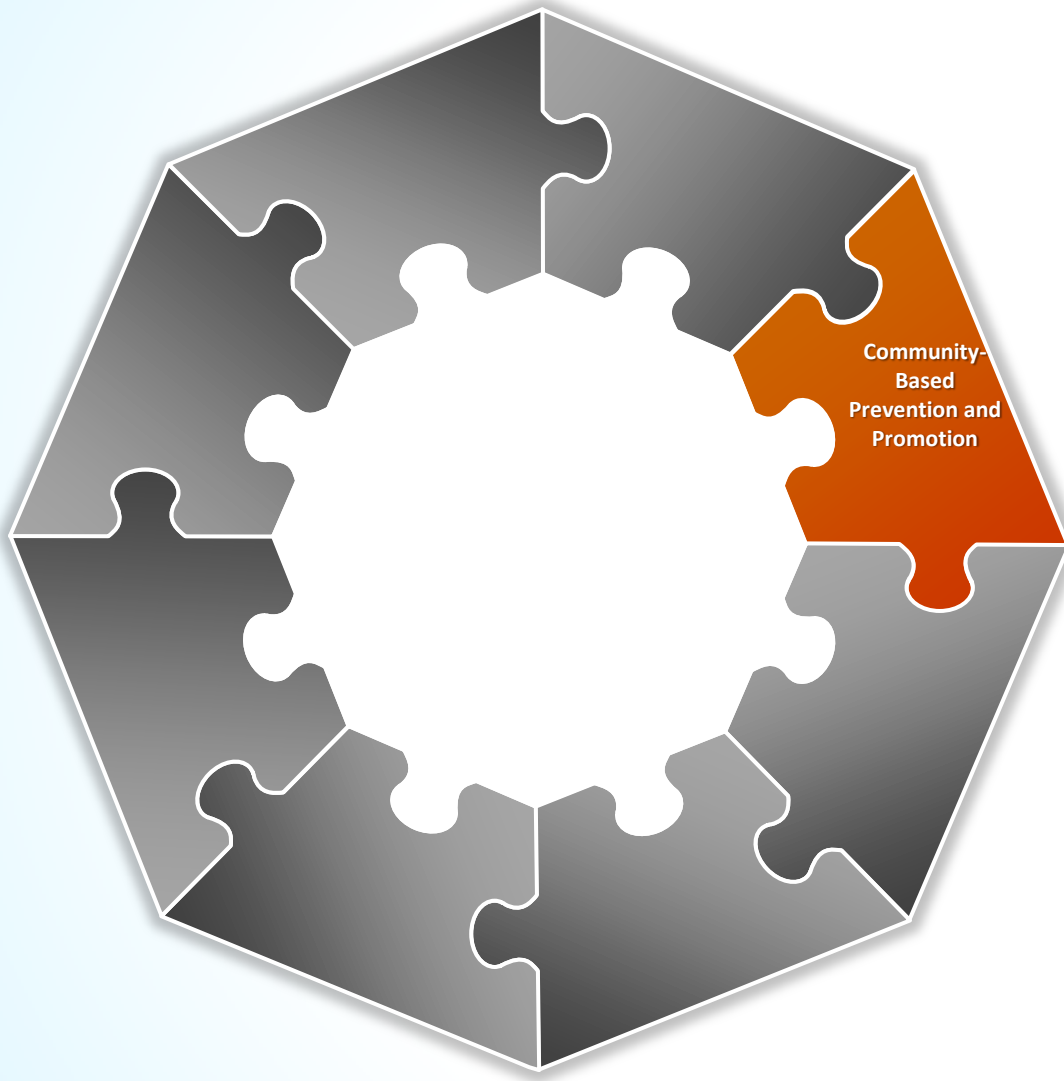
- Services offered along a continuum based on the needs of families



## Communications

- Align IFS communication with other efforts in the state and local areas
- Implement a communication strategy to share information including data, outcomes and performance reports

# Key Components of Community-Based Prevention and Promotion



- Practice is evidence-informed and outcome-driven
- Community development focuses on promoting a safe and caring environment to encourage healthy child, youth and family development
- Family voice is represented on all teams
- Consistent and streamlined transitions for children, youth and families involving IFS, schools, nonprofit organizations, etc.

# Work Plan Goals for Community-Based Prevention and Promotion

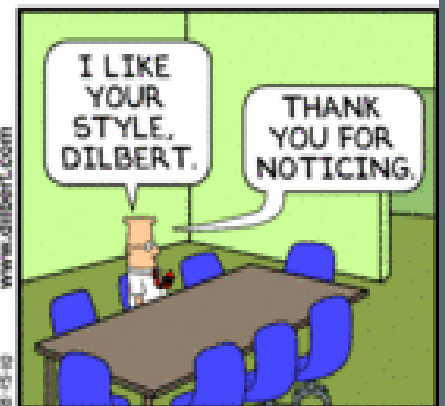
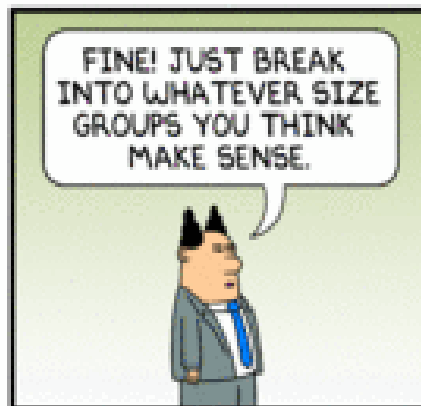
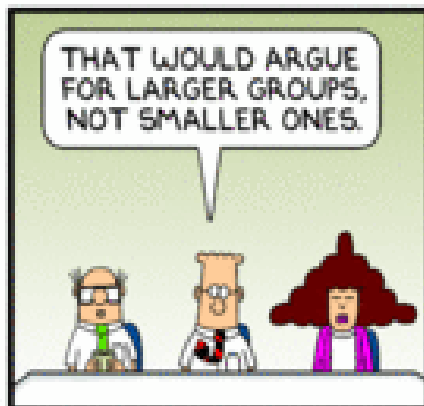
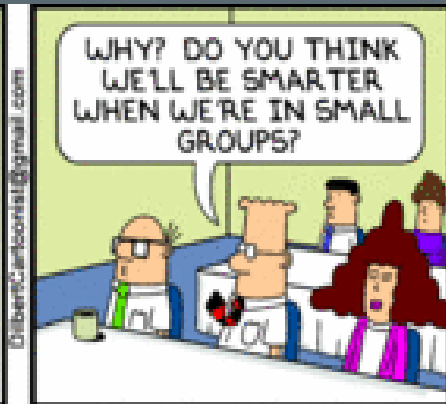
GOAL #1	POSSIBLE ACTION STEPS
Community efforts are supported to promote healthy child, youth and family development	To be determined by work group

# Work Plan Goals for Community-Based Prevention and Promotion

GOAL #2	POSSIBLE ACTION STEPS
<b>Health care reform informs the development of supports and services – assure alignment of health care reform efforts and IFS</b>	<ul style="list-style-type: none"><li>a. Increase collaboration/integration between primary care and IFS</li><li>b. Ensure integration of IFS and other AHS efforts including, but not limited to Let's Grow Kids, Blueprint, Help Me Grow, and Hub and Spoke.</li></ul>

# Work Plan Goals for Community-Based Prevention and Promotion

GOAL #3	POSSIBLE ACTION STEPS
<b>Practice frameworks focused on all children, youth and families are aligned at the state and local level</b>	<ul style="list-style-type: none"><li>a. Collaborative meeting with the AHS youth/young adult services system council (which includes all AHS organizations working with youth in transition)</li><li>b. Align AHS and AOE related to Multi-Tiered Systems of Support (MTSS)</li><li>c. Align AHS and AOE related to Positive Behavior Interventions (PBIS)</li><li>d. Align AHS and AOE related to Strengthening Families framework</li><li>e. Align current home visiting services, standards and guidelines</li><li>f. IFS Manual includes minimum standards related to practice frameworks</li></ul>



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# Questions for discussion



- Which of these goals do we want to tackle first?
- What are some things you want us to consider as we think about the process we'll use to do this work together – e.g., what information/expertise exists here and what more is needed, research, inventory of current activities.

# Group guidelines to get us started...

These operating guidelines are intended to help ensure consistency among the work groups and build a shared organizational culture. One IFS Management Team member will participate on each work group and serve as co-chair.

- Work groups may choose to create committees to ensure sufficient diversity of perspectives.
- Develop team norms. These define and clarify what work group members expect of themselves and others, including but not limited to expressing feelings as well as ideas, handling conflict, preparation for and attendance at meetings and completion of tasks.
- Operate by consensus. Consensus does not mean that everyone agrees with the same level of enthusiasm; it means that team members work through disagreement until they arrive at a satisfactory resolution.
- Commit to regular participation in the meetings, and to keeping up with other extra tasks as agreed upon by the work group or its committees.
- Determine meeting agendas based on:
  - Input from the IFS Management Team
  - Pressing items related to the particular team's work that need attention
  - Items generated from previous meeting discussions.
- Use a common template identified by the Management Team for taking meeting minutes.
- Participate in semi-annual stakeholder meetings.

# Additional discussion points



- Who are we missing from this group?
- How will we communicate with one another to assure trust and group cohesion?
- What else do you need so you can be a confident and active member of this group?



**Thank you!**

*"Helping a person will not necessarily change the world,  
but it will change the world for that one person." ~ Anonymous*